

**FY 2016**

Kentucky Emergency  
Management

Local Programs Section



# **FY 2016 SEARCH AND RESCUE AID PROGRAM GUIDANCE**

This document shall serve as the official guidance for the state fiscal year 2016 Search and Rescue Aid Program. Contents include: general grant guidance, grant management, and detailed application instructions. This guidance will be updated on an annual basis and should only be used for FY 2016.

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## **FY 2016 Grant Guidance**

This document is issued by the Division of Emergency Management. It is intended to serve as the guiding tool for search and rescue squads who intend on applying for state fiscal year 2016 Search and Rescue Aid Program funds. When completing the application, applicants should ensure they are using this grant guidance along with the FY16 Search and Rescue Aid Program application. Applications that are returned on previous fiscal year applications will not be accepted.

## **Vision of the Rescue Aid Program**

The vision of the Rescue Aid Program is to institute an annual grant cycle that builds capacity and equity across the Commonwealth, while practicing a high level of transparency throughout the entire cycle.

## **Mission of the Rescue Aid Program**

The mission for the Rescue Aid Program is to work collaboratively with SAR chiefs, local emergency managers, the SAR grant advisory committee, and KYEM staff, to ensure squads that are eligible receive equal consideration for future funding.

## **Statue Establishing the Rescue Aid Program**

KRS 39F.100 establishes the Rescue Aid Program. The program is intended to:

- (1) Reduce and prevent the loss of life by creating a better equipped, trained, and coordinated rescue force throughout the Commonwealth.
- (2) Upgrade the capabilities of local rescue squads by providing financial assistance to be used to purchase equipment and obtain training.
- (3) Encourage the development of rescue squads where none exist.

## Dates for the FY16 Cycle

PHASE 1. GRANT ANNOUNCEMENT, OPENING OF THE FY16 GRANT CYCLE, September 3, 2015

PHASE 2. COMPLETE APPLICATION & SUBMISSION TO THE AREA OFFICE, October 5, 2015

PHASE 3. KYEM AREA MANGER REVIEWS CONDUCTED, October 5 – October 26, 2015

PHASE 4. ADMINISTRATIVE & COMMITTEE REVIEW, October 26 – November 2, 2015

PHASE 5. AWARD NOTIFICATION AND BRIEFINGS, Week of November 9, 2015

PHASE 6. CONTRACTING / SCOPE OF WORK, November 16, 2015 – April 1, 2016

PHASE 7. COMPLETION OF THE SCOPE OF WORK, TAG EQUIPMENT AND AUDIT. April 1, 2016

\*Dates are subject to change.

## Eligible Applicants

Qualifying Rescue Squads must meet the criteria in KRS 39F.120 (1) – (13). The application and eligibility review tool are designed to walk applicants through the eligibility process.

Kentucky Revised Statute: Chapter 39F Search and Rescue

<http://www.lrc.ky.gov/KRS/039F00/CHAPTER.HTM>

Kentucky Administrative Regulations: Title 106

<http://www.lrc.ky.gov/kar/TITLE106.HTM>

## Application Process

- Applications, instructions and all forms will be available at [www.kyem.ky.gov](http://www.kyem.ky.gov) before the cycle opens.
- The application will be available in Microsoft Word format. If possible, applicants should type the application. Often, handwriting is not legible; therefore if you choose to handwrite please print.
- Applications are due to your Area office by COB on 05 October. Late applications will not be accepted.

## Review Process

- KRS 39F.130 (4) (a) through (h) sets the evaluation criteria (outlined in the application).
- The application shall be initiated by the chief rescue officer, however it is advisable that the squad make the senior county aware of the intent to apply since the county will ultimately serve as the grantee.
- The local emergency director shall review all applications for completeness and accuracy, prioritize and consolidate the applications, and make recommendations thereon. In the absence of the local director the County Judge Executive may fill this role.
- Local EM forwards all applications to the Area Manager who shall review them, make recommendations, and forward documentation to the KYEM Director.
- If the local and regional application review periods pass and the squad does not meet eligibility, the application should still be forwarded to Frankfort and marked as ineligible.
- The director shall forward the applications to the advisory committee. The advisory committee shall meet to assess applications and compliance and to make recommendations to the director with regard to allocations of funds, assessment of compliance, reallocations of funds, release of equipment, reallocation of equipment and any other matters assigned by the director.
- The local EM director shall maintain file copies of all applications and decision for at least five (5) years.

## FY 2016 Grant Management

### Award Process

- The Rescue Aid Fund Committee will hold a funding recommendation meeting in November.
- Squads and / or local EM's will have an opportunity to speak on behalf of their application.
- A funding recommendation and level of funding will be provided to the Director by the committee
- The Director will make the final decision considering the recommendation of the committee.
- Squads will receive notification in a formal letter.
- The grant award package will be sent to squads from your Area office.
- Work cannot begin until the grantee signs the agreement provided by KYEM.
- Award briefings will be mandatory for those who receive Rescue Aid funds.

### Denial Notification

- Ineligible and denial letters will be sent after the Rescue Aid Fund Committee application assessment and compliance review.
- Any application that is ineligible should be identified as such during the initial review by the local EM and Area Manager
- Time is built into the initial review process for the local EM and Area Manager to meet with the squad in order to make corrections / revisions to ensure the squad meets the minimum eligibility requirements.

### Contracting

- It is Important to note that the county in which the search and rescue squad has an affiliation agreement with will serve as the grantee. The contract and advancement of funds will be managed by the county. The county may choose a designated representative to manage the grant; however management costs are not eligible under this grant.
- The award process will not begin until the KYEM Administrative Branch receives a duly executed **Acceptance of Terms and Conditions** due with the application.
- Within (30) thirty calendar days of award notification the county must submit a duly executed **Master Agreement (PON2)** and the duly executed acceptance of Terms and Conditions, to KYEM.
- The contract must be signed by a representative who has county signature authority and returned to the grantees Area office within 30 days from the date of the award letter.
- The total award amount will be listed on the contract. The squads approved amount and specific equipment will be listed on the award letter.

## Procurement

- Funds awarded in the FY 16 KYEM Rescue Aid Program will be advanced by KYEM to the grantee (county).
- Purchases will be made according to the funding amount, item description, and quantity listed on the Rescue Aid Program award letter. Any purchases made outside of the scope are subject to repayment by the grantee.
- Any cost overrun must be approved by the KYEM Director prior to the purchase of equipment. Squads must submit a letter detailing the reason(s) for the overrun request and supporting bid documentation.
- The Area Manager will retain a copy of the documents for use during the site visit and shall submit the original documents to the KYEM Administrative Branch.

## County Treasurer Responsibilities

- Assure purchases are made in accordance with County purchasing policies and or county code.
- Assure appropriate purchases are made and documentation (Purchase Orders, Invoices, and/or Cancelled Checks) is maintained for all purchases.
- Assure timely payment for purchases are made and provide documentation of the payment to the Rescue Squad for submission to the Area Manager or facilitate the transfer of the grant funds awarded to the Rescue Squad so that payment may be made by the rescue squad.
- No personal checks or personal credit card purchases are made.

## Advancement Process

- KYEM will advance award funds to the grantee.
- The grantee shall order or purchase only the approved equipment, services, or training, and no other within fifteen (15) days of the receipt of the advanced payment.
- A written request to KYEM in order to advance the funds signed by the County Judge Executive or the County Treasurer accompanied by copy of an approved purchase order.
- The squad shall provide a copy of all paid invoices as well as proof of payment, (cancelled check, cash paid receipt, or similar document), within ninety (90) days of the receipt of the grant funds.
- Personal checks or personal credit card purchases will not be accepted. Purchases must be made with an account owned by the squad or county.
- Any funds not encumbered or expended during the grant period shall be returned to the Division with the expenditure documentation.



No later than April 1, 2016 the senior officer of the rescue squad shall submit to their Area Manager:

- A completed KYEM 160 form (Revised for Search and Rescue Grant)
- A copy of the invoice(s) for the approved items for purchase under the grant award
- A copy of the cancelled check, cashier's check or other proof of payment of the submitted invoices. A cancelled check is said to be canceled once it has been processed by a financial institution and all accounts have been credited. Once a check has been cancelled, it is stamped, marking the check as being cleared. If cancelled checks are not available a printed bank statement or bank ledger demonstrating the funds as "cleared" is acceptable.
- KYEM reserves the right to request additional information to ensure state allowable cost and auditing compliance.
- Any grantee who fails to meet this requirement will be considered out of compliance.

## Property Accountability

- Property Accountability is mandated by the Kentucky Finance Cabinet and grant regulations. The inability to adhere to these regulations can result in revocation of grant funds and equipment.
- The Senior Rescue Squad Officer and KYEM Area Manager will physically tag all equipment with a purchase price of \$300.00 or more.
- A photo must be taken of all purchased equipment that exceeds a purchase price of \$300.00. The asset tag must be visible.
- The equipment tracking sheet shall be properly filled out with the following information: equipment name, tag number, and serial number if applicable.
- Within thirty (30) days of the site visit, the KYEM Area Manager shall provide the KYEM Property Manager with copies of the photos that were taken, and a completed equipment tracking sheet with the appropriate information.

# FY 2016 Grant Application Instructions

## How to use this Supplement

This supplement is intended to assist the applicant complete the FY 16 application. It is highly suggested the applicant use this supplement line by line when completing the application. This specific set of instructions walk the applicant through every step of the eligibility determination.

## Application Assistance

Applicants who need assistance or have questions pertaining to eligibility should contact Jason Sanderson, SAR Aid Program Manager at 502-607-1025 or Greg Shanks, KYEM Financial Branch Manager at 502-607-5796.

## Page 1, Cover Page

- Cover page of the FY 2016 SAR Aid Program application

## Page 2, Request for Applications

- **Request for Applications** – Applicants should be aware of the key application dates and the criteria for applying for the grant. If you have questions about eligibility you should contact your Area Manager.

## Pages 3 -4, Terms and Conditions

- **Terms and Conditions** – The rescue squad senior official and the county fiscal representative should carefully read over the terms and conditions of this grant. The bottom of page 4 has space reserved for signatures of the rescue squad senior official and the county fiscal representative. This document is due with the application.

## Page 5, Applicant Information

- **What type of application(s) are you filing?** – 106 KAR 1:340 Section 3 states, “A rescue squad shall not be allocated funds for more than one (1) rescue aid application in a state fiscal year”.
- **Name of Rescue Squad** – Please insert the duly authorized, recognized or incorporated name of the rescue squad for which this application is being submitted.
- **Address of the Primary Physical Location** – Please provide the physical address of your headquarters station. Post Office Box addresses are not an acceptable response for this question.
- **City/County/State/Zip** – Please insert the name of the city, county, state and zip where the rescue squad is located.
- **Administrative Phone** - Please provide the telephone number for the telephone that is located at the headquarters station of the rescue squad. If there is no telephone at that location, please provide a telephone number and indicate where the telephone is located for the number that you provide.
- **Fax** - Please provide the number for the fax machine that is located at the headquarters station of the rescue squad. If there is no fax machine at that location, please indicate the number for a fax machine that can be used to fax documents to the rescue squad and please indicate where the fax machine is located for the number that you provide.
- **Dispatch** – Please provide the telephone number for your dispatch center in the event the Commonwealth EOC were to need to contact you and other means have been unsuccessful. “911” is not an acceptable response.
- **Name of Chief Rescue Officer** – Please insert the name of your Chief, Captain or other lead official. This is the individual that has the authority to act and answer on behalf of the rescue squad.
- **Mailing Address** – Please insert the address where your rescue squad receives their mail. Post Office Box addresses are an acceptable response for this question.
- **City/County/State/Zip** – Please insert the name of the city, county, state and zip for the rescue squad mailing address.
- **Email Address** – Please provide an email address for the rescue squad. If the rescue squad does not currently have an email address, we encourage you to go to gmail and establish an email address for the rescue squad. We communicate with our rescue squads primarily via email.
- **Administrative Phone** - Please provide the telephone number for the telephone that is located at the substation of the rescue squad. If there is no telephone at that location, please indicate N/A.
- **Fax** - Please provide the number for the fax machine that is located at the substation of the rescue squad. If there is no fax machine at that location, please indicate N/A.

- **Chief Rescue Officer Phone** – please provide us with a telephone number where the Chief Rescue Officer can be contacted 24 hours a day, 7 days a week. Please provide multiple numbers if necessary.
- **Please indicate whether your rescue squad is operated by:**
  - City and/or County Government – This selection should be marked if your rescue squad is funded by the fiscal court or city council and if the equipment is titled to the local governmental entity.
  - Fire Department – This selection should be marked if the rescue squad is a unit of a local fire department.
  - Taxing District – This selection should be marked if the rescue squad is funded by a rescue squad taxing district created under KRS 39F.160 and overseen by a taxing district Board of Directors.
  - State Government - This selection should be marked if your rescue squad is funded by an entity of state government if the equipment owned and operated by the rescue squad is titled to a state governmental entity.
  - For-profit corporation or LLC – This selection should be marked if the rescue squad is organized as a for-profit corporation or LLC and on file with the Kentucky Secretary of State as such.
  - Not for-profit corporation or LLC – This selection should be marked if the rescue squad is organized as a non-profit corporation or LLC and on file with the Kentucky Secretary of State as such.
  - Individually owned – This selection should be marked if the rescue squad is owned by a single individual or a group of partners.
  - Other – This selection should be marked if none of the other selections apply. If this selection is chosen, please document fully the type of organization that owns and controls the rescue squad.
- **Area Served** – In the blank space provided, please describe your response area. For example, “Our response area is limited to the boundaries of XYZ County”. Remember - If your response area covers multiple counties, you must have an affiliation agreement in place with the county in which your team operates.
- **Rescue Squad Contact Information** – Provide the information for the three senior officers or staff members in your rescue squad. You must provide three selections.

## Page 6, Vehicle Information Form

- **For each vehicle owned or operated by the rescue squad, please provide the following information.**
  - “Vehicle ID” - Please indicate what you call the vehicle. For example, “Rescue 4” or “Chief 1”.
  - “Model Year of Vehicle” – Please indicate the model year of the vehicle.
  - “Make of Vehicle” – Please indicate the manufacturer of the vehicle.
  - “Vehicle Identification Number” – Please list the VIN number for this vehicle.
  - “License Number” – Please list the license tag number for this vehicle.
  - “General Purpose of the Vehicle” – Please indicate what the general purpose is for this vehicle. For example, “Cave Rescue” or “General Rescue” or “Command Vehicle”.
  - If your rescue squad has more than 12 vehicles, please copy the form as needed so as to list all of the vehicles owned or operated by the rescue squad.

## Page 7, Watercraft Information Form

- **For each watercraft owned or operated by the rescue squad, please provide the following information.**
  - “Watercraft ID” – Please indicate what you call the watercraft. For example, “Rescue 1” or “Jet Ski 4”.
  - “Model Year of Watercraft” – Please indicate the model year of the watercraft.
  - “Manufacturer of Watercraft” – Please indicate the manufacturer of the watercraft.
  - “Watercraft Serial Number” – Please list the serial number for the watercraft.
  - “Watercraft Registration or License Number” – Please list the license number for the watercraft.
  - “Length of the Watercraft” – Please indicate the length of the watercraft.
  - “Type of Watercraft” – Please list the type of watercraft. For example, “jet ski” or “pontoon boat”.
  - “General Purpose of the Watercraft” – Please indicate what the general purpose is for the watercraft. For example, “Dive Operations” or “General Purpose” or “Dragging and Recovery Operations”.
  - If your rescue squad has more than 12 watercraft, please copy the form as needed so as to list all of the watercraft owned or operated by the rescue squad.

## Page 8, Eligibility Questions

1. Please indicate as to whether the rescue squad holds a current “Affiliation Agreement” with the local government(s) and emergency management agency (or agencies) in the areas which they operate. PLEASE NOTE – You must include a copy of your current “Affiliation Agreement” with this application. The expiration date on the agreement must exceed the date on which this application is signed but may not exceed one year from the date it was originally signed. If your rescue squad is given a rescue squad aid grant and your “Affiliation Agreement” expires prior to the award of funds, you will be asked to provide an updated document prior to funds being disbursed. Please make certain that your “Affiliation Agreement” addresses all of the areas outlined in KRS 39F.120 (9). “Affiliation Agreements” that do not address the areas outlined in KRS 39F.120 (9) will be considered deficient and will render the application ineligible for funding consideration.
2. Please indicate whether the rescue squad has written bylaws and standard operating procedures. - . PLEASE NOTE – Your current “Bylaws and Standard Operating Procedures” must be on file at your KYEM Area Office. Please make certain that your “Bylaws and Standard Operating Procedure” addresses all of the areas outlined in KRS 39F.120 (1) (2) and (3). “Bylaws and Standard Operating Procedures” that do not address the areas outlined in KRS 39F.120 (1) (2) and (3) will be considered deficient and will render the application ineligible for funding consideration.
3. Please indicate whether your rescue squad is a part of another agency such as a fire department or emergency medical services agency.
4. If your rescue squad is a part of another agency, please indicate whether you have 12 individuals that are dedicated to the rescue mission within the organization. In other words, do you have 12 people whose primary function is the provision of rescue squad services? PLEASE NOTE – This does not preclude their use for mutual aid requests with other emergency service agencies within your political jurisdiction. If your rescue squad personnel are subject to use for mutual aid, the rescue squad should have Mutual Aid Agreements in place with rescue squads in contiguous political jurisdictions that can provide rescue squad services in the event your rescue squad personnel are not available for response or should you have multiple rescue squad calls at the same time.
5. Please indicate whether your rescue squad charges for service. In other words, when you respond to a call, do you send the individual requesting assistance, including their insurance agency, a bill for any of the services rendered by your rescue squad, including vehicle extrication. “Charges for service” does NOT include funds derived from membership drives, bucket brigades or other fund raising efforts such as raffle ticket sales or chili suppers.
6. Please provide us with the population for the area served by your rescue squad based on the map and service area description as requested on page 1 of this application.
7. Please indicate how many rescue missions the rescue squad responded to between July 1, 2014 and June 30, 2015. If your standard operating procedure defines it as a rescue mission, it should be included in this number.
8. Please indicate the longest response time for the rescue squad for the service area description requested on page 1 of this application. A response time is considered to be the total time from the time notified or paged until the time the first rescue squad vehicle arrives on the scene of the call.
9. Please indicate the average response time for the rescue missions listed in item number 7 on this page. A response time is considered to be the total time from the time notified or paged until the time the first rescue squad vehicle arrives on the scene of the call. You can obtain your average response time by adding the response times for each run and then dividing that number by the total number of responses.
10. Please indicate the total hours of training that were completed by rescue squad members from July 1, 2014 until June 30, 2015. – You must provide the KYEM Search and Rescue Squad Quarterly Training report for all (4) four quarters of FY 13.
11. Please indicate the rescue squad’s equipment acquisition and maintenance budget for your current fiscal year.
12. Please indicate whether the rescue squad is willing to accept partial funding for their request if Kentucky Emergency Management is unable to fund 100% of their request. Please list a percentage you are willing to accept i.e. 80% of application amount.

**Please Check the Type of Rescue Services Provided (Check all that apply)**

**PLEASE NOTE – You are required to possess the minimum equipment (Replacement only equipment) for each of the boxes you check. In addition, the mission statement for the rescue squad must reflect the type of rescue in the boxes checked. Failure to possess the minimum equipment for the type of rescue services checked or failure to have the types of rescue checked in the mission statement of the rescue squad will render the application ineligible for funding consideration. “Replacement Only Equipment” means equipment that a rescue squad shall have in its possession before becoming eligible to participate in the fund. This equipment is listed in bold type on the KYEM Form 465 Cumulative Equipment Inventory form.**

**General Rescue Squad** – This rescue squad responds to general rescue calls. It may include, but not necessarily be limited to, extrication, low angle rescue, EMS support services (lift assist or patient extrication from multistory buildings), and traffic control. This rescue squad must possess the equipment outlined in 106 KAR 1:350, Section 2.

**Water Rescue or Recovery Not Utilizing Divers** – This rescue squad performs water rescue or victim recovery from bodies of water without utilizing scuba divers as a part of that process. This may include, but not necessarily be limited to, providing swift water rescue, victim rescue from automobiles stranded in deep or moving water, dragging operations, or surface searches for bodies or victims in bodies of water. This rescue squad must possess the equipment outlined in 106 KAR 1:350, Section 3.

**Water Rescue and Recovery Using Divers** – This rescue squad may perform any of the missions listed in “Water Rescue or Recovery Not Utilizing Divers” but may also utilize divers as a part of the process. Divers must be certified by one of the agencies outlined in 106 KAR 1:390, Section 5 and the minimum equipment outlined in 106 KAR 1:350, Section 4.

**Cave Rescue** – This rescue squad performs rescue of individuals trapped or lost in caves. Individuals must have the equipment outlined in 106 KAR 1:350, Section 5.

**High Angle Rescue** – This rescue squad may perform retrieval of victims or deceased persons from elevated or recessed areas using ropes and other high rescue equipment. Individuals must meet the training requirements outlined in 106 KAR 1:390, Section 8 and possess the minimum equipment outlined in 106 KAR 1:350, Section 6.

**Search Dog Rescue Squad which Searches for Lost, Trapped, or Missing Persons** – This is an individual or group of individuals that have formed a rescue squad, which is affiliated with the County Government and local Emergency Management Agency, that uses a dog or dogs to search for lost, missing, or trapped persons. This rescue squad must meet the training requirements outlined in 106 KAR 1:390, Section 2, the testing requirements outlined in 106 KAR 1:390, Section 7, and the minimum equipment outlined in 106 KAR 1:350, Section 7.

**Search and Rescue Squad which Searches for Lost, Trapped, or Missing Persons** – This rescue squad uses members to perform searches for lost, trapped, or missing persons. Individuals that are members of this rescue squad must meet the training requirements of 106 KAR 1:350 Section 2 and the equipment outlined in 106 KAR 1:390, Section 8.

## **Page 9, Minimum Equipment Funding Request**

This page of the application shall be used to request the **“Minimum Equipment”** of items listed on the applicable equipment list(s) contained in 106 KAR 1:350. Again – You are required to possess the equipment listed in 106 KAR 1:350 for each of the boxes you checked on Page 9 of the application.

To complete this application:

1. Determine the list of equipment you wish to purchase. Make certain the item is on the equipment list(s) shown in 106 KAR 1:350 under the type of rescue you are indicating you are providing.
2. Prioritize the listed equipment beginning with priority 1 and continuing sequentially for all of the items you plan to request.
3. List the item of equipment that is “Priority 1” in the area adjacent to “1”.
  - a. In the “Quantity” column, list the quantity of items you are requesting to purchase. This should be a specific number – 1, 2, 3, etc.
  - b. In the “Item Description” column, please provide a description of the item you wish to purchase.
  - c. In the “Unit Price” column, please provide the cost for a single item.
  - d. In the “Total Cost” column, please indicate the total cost for the item(s) listed. (“Quantity” column multiplied by the “Unit Price” column)
4. Repeat the process shown in number 3 above for each of the items of equipment that you plan to request.
5. When you are finished listing the equipment for which you plan to request funding, total the cost at the bottom of the page.

6. Please note if you are applying for radio equipment KRS 42.738 requires local government entities to present project plans for primary wireless public safety voice or data communications systems for review and recommendation by the Kentucky Wireless Interoperability Executive Committee.” This will only be necessary for those projects that are approved for funding.

## Page 11, Minimum Equipment Justification Statement

1. This page of the application is your opportunity to convince the committee of why you need the equipment listed on Page 10 of the application. Be sure to provide documentation to support the need for the equipment you are requesting.
2. Also, please remember the following requirements for items being requested for purchase through the grant:
  - A. Any single item that has a cost in excess of \$100 but not more than \$5,000 requires a written vendor estimate or quote that outlines the price of the item(s), the delivery schedule for the item(s), and maintenance provisions for the item(s).
  - B. Any single item that has a single item cost of \$5,000 or more requires written vendor estimate or quotes from at least three (3) different vendors that outlines the price of the item(s), the delivery schedule for the item(s), and maintenance provisions for the item(s).
  - C. Printed internet pricing will not be considered estimates or quotes.
  - D. **If possible, to ensure accuracy of the final purchase price, every effort should be made to obtain cost projections from potential vendors.**
3. Be certain that the chief rescue officer, be it the president, the chief, squad captain, signs and dates the bottom of the form in the designated areas.

## Page 11, Optional Equipment Funding Request

This page of the application shall be used to request above and beyond the minimum quantity of equipment listed in the minimum equipment list or additional purchase of any item that is NOT listed on the applicable equipment list(s) contained in 106 KAR 1:350. This equipment is considered to be “Optional” equipment.

To complete this application:

1. Determine the list of equipment you wish to purchase. Optional equipment is equipment not listed on the minimum equipment list or if you are applying for pieces of equipment which will exceed the quantity listed on the minimum equipment list.
2. Prioritize the listed equipment beginning with priority 1 and continuing sequentially for all of the items you plan to request.
3. List the item of equipment that is “Priority 1” in the area adjacent to “1”.
  - a. In the “Quantity” column, list the quantity of items you are requesting to purchase. This should be a specific number – 1, 2, 3, etc.
  - b. In the “Item Description” column, please provide a description of the item you wish to purchase.
  - c. In the “Unit Price” column, please provide the cost for a single item.
  - d. In the “Total Cost” column, please indicate the total cost for the item(s) listed. (“Quantity” column multiplied by the “Unit Price” column)
4. Repeat the process shown in number 3 above for each of the items of equipment that you plan to request.
5. When you are finished listing the equipment for which you plan to request funding, total the cost at the bottom of the page.
6. Please note if you are applying for radio equipment KRS 42.738 requires local government entities to present project plans for primary wireless public safety voice or data communications systems for review and recommendation by the Kentucky Wireless Interoperability Executive Committee.” This will only be necessary for those projects that are approved for funding.

## Page 12, Optional Equipment Justification Statement

1. This page of the application is your opportunity to convince the committee of why you need the equipment listed on Page 12 of the application. Be sure to provide documentation to support the need for the equipment you are requesting.

2. Also, please remember the following requirements for items being requested for purchase through the grant:
  - A. Any single item that has a cost in excess of \$100 but not more than \$5,000 requires a written vendor estimate or quote that outlines the price of the item(s), the delivery schedule for the item(s), and maintenance provisions for the item(s)
  - B. Any single item that has a single item cost of \$5,000 or more requires a written vendor estimate or quote from at least three (3) different vendors that outlines the price of the item(s), the delivery schedule for the item(s), and maintenance provisions for the item(s)
  - C. Printed internet pricing will not be considered estimates or quotes.
  - D. **If possible, to ensure accuracy of the final purchase price, every effort should be made to obtain cost projections from potential vendors.**
3. Be certain that the chief rescue officer, be it the president, the chief, squad captain, signs and dates the bottom of the form in the designated areas.

## Page 13, Waiver of Equipment Requirements

- **Request for Waiver of Equipment Requirements** –Squads may consider appealing to the Director of KYEM for a waiver of equipment requirements. Squads should carefully read through the requirements listed on page 14 to determine if they meet the criteria to apply for a request to waiver equipment requirements.

## Page 14, Waiver of Equipment Form

- Fully complete the information box at the top of the page
1. List the piece(s) of equipment that you are requesting a waiver for. If applicable, indicate the quantity you are requesting a waiver for. The description should exactly match the piece of equipment listed on the minimum equipment list.
  2. Provide a justification statement which should demonstrate the need for special action.

## Page 15, Waiver of Equipment Endorsements

- The document should be endorsed by the Chief Rescue Officer
- The document should be endorsed by the County Emergency Manager

## Page 16, Certification and Compliance Agreement

1. This document contains very important information. At the top of the document, there is a list of the documents that must accompany the application. Each of the documents must accompany the grant application. Missing or incomplete documents will render the application ineligible for consideration for funding.
2. Also, please read the certification and compliance agreement carefully. When you sign this document, you are certifying that your information is correct and that you will comply with the statutes and regulations stipulating the expenditure of the funds, as well as maintenance and accountability of the equipment purchased.
3. Be certain that the chief rescue officer, County Emergency Manager, and the County Judge / Executive, signs and dates the bottom of the form in the designated areas.

## Page 17, Local EM: Review, Comments, Recommendations

This document is earmarked for completion by the local Emergency Management Director.

1. Under “Please answer the following questions;” section
  - A. Answer the first question as “Yes” or “No”. Please note that these records should be available for review at the local emergency management office upon request.
  - B. The second question should be answered as numeric – 1, 2, 3, etc.
  - C. This question requires you to prioritize the applications being submitted from your county. If you have only one (1) application, obviously your priority would be one (1). If you have multiple applications, then you must rank them in the order of importance. There can only be a single 1, 2, etc. You cannot rank every application as the number one (1) priority.
2. In the space provided, please offer your recommendation in support of or against this application, you wish to make. Please include facts, examples, instances, etc.

3. The local EM Director must sign and date Part II of the application.
4. The local EM Director should then forward the application, to arrive by the posted deadline, to their Area Manager for completion of Part III of the application and for forwarding to the State Office.

## **Page 18, Area Manager: Review / Comments**

This document is earmarked for completion by the KYEM Area Manager.

1. Under "Please answer the following questions;" section
  - a. Answer the first question as "Yes" or "No". Please note that these records should be available for review at the regional office upon request.
2. The SAR Rescue Aid electronic checklist is required with the application. Ensure a completed printed copy is attached with this application.
3. In the space provided, please offer your recommendation in support of or against this application, you wish to make. Please include facts, examples, instances, etc.
4. The Area Manager must sign and date Part II of the application.
5. The Area Office must retain a copy for their records.
6. The Area Manager should then forward the application to arrive by the posted deadline to:

Jason Sanderson, SAR Training Coordinator and SAR Grant Manager  
Kentucky Emergency Management  
100 Minuteman Parkway, Suite 113  
Frankfort, Kentucky 40601

## **Page 20, Grant Advisory Committee Recommendation Sheet**

This document provides the grant applicant with a copy of the assessment document used by the Rescue Aid Committee. When a recommendation is made, this document will be forwarded to the Director of KYEM for a final funding decision.



**-END OF GUIDANCE-**